



I would like to take this opportunity to share information with you about our 2016 summer camps. Summer Fun Camp is designed especially for children ages 6 – 11 years old and Summer Adventure Camp designed especially for children ages 11 – 15 years old. Our camps are designed to be a unique and innovative approach to providing educational and recreational opportunities for youth during the summer months. The camp will educate youth on a variety of positive socially appropriate leisure pursuits, as well as provide a high level of supervision for fun summer activities. This packet is designed to provide detailed information about the day camp program and to prepare parent/guardian and youth for an exciting and safe summer.

This packet includes information regarding what to bring to camp, locations for drop off and pick up, what your child should wear and behavior guidelines for campers to follow. After reviewing the manual, please take time to go over any pertinent information with your child.

The main goal of the Fairfield Parks and Recreation Department is to provide a safe and fun atmosphere for your child while they are in our care. To insure that this occurs, all staff that will be providing care to your child will be participating in a pre-employment background check as well as a well-rounded leadership training program.

I would like to thank you for your interest in our Summer Camps and hope to see your child this summer. By registering your child for this fun and exciting program he/she will be given the opportunity to develop life-long friendships, create lasting memories, and have a fantastic time while participating in our summer camp. If you have any questions at any time, please contact the Parks and Recreation office at 867-5348.

Sincerely,

*Lucinda Lewellyn*

Lucinda Lewellyn  
Recreation Coordinator  
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## **Dates**

The following sessions are being offered for both age groups.

WEEK	DATES
1	May 31 - June 3 (No camp Monday, May 30)
2	June 6 - June 10
3	June 13 - June 17
4	June 20 - June 24
5	June 27 - July 1
6	July 5 - July 8 (No camp Monday, July 4)
7	July 11 - July 15
8	July 18 - July 22
9	July 25 - July 29
10	August 1 - August 5

## **Times & Locations**

Camp runs from 7:00 am to 6:00 pm daily with trips leaving between 9am and 10am. Please see weekly calendar for specific daily departure times.

Fun Campers (6 – 11 years old) are to be dropped off at the Community Arts Center in the Children's Room, located at 411 Wessel Dr. no earlier than 7:00 am and picked up by 6:00 pm at the Fairfield Aquatic Center located at 2605 Augusta Blvd.

Adventure Campers (11 – 15 years old) are to be dropped off at the Community Arts Center in the Classroom, located at 411 Wessel Dr. no earlier than 7:00 am and picked up by 6:00 pm at the Fairfield Aquatic Center located at 2605 Augusta Blvd.

## **Registration**

All camp registration will be accepted by telephone, fax, mail and walk-in registration at the Fairfield Community Arts Center located at 411 Wessel Drive. (867-5348). Registration begins Tuesday, April 12, 2016 for Fairfield Residents and Thursday, April 14, 2016 for Non-Residents.

At the time of registration, full payment is due for all weeks that you wish to register for during the summer. Please remember that this program often fills quickly. We do not reserve spots; you are only registered for the weeks that are paid for.

### **Availability**

Weeks will be filled on a first come first serve basis. Once all available spots have been filled for a week, you may be placed on a waiting list just in case a spot becomes available; we encourage you to do this as spots occasionally do become available.

### **Fees**

The 2016 fee schedule with reduced rates for additional weeks is as follows:

Price below includes \$10 Registration Fee for the first week

FEES	RESIDENTS	NON RESIDENTS
1 WEEK	\$145.00/CHILD	\$155.00/CHILD
2 WEEKS	\$280.00/CHILD	\$300.00/CHILD
3 WEEKS	\$415.00/CHILD	\$445.00/CHILD
4 WEEKS	\$550.00/CHILD	\$590.00/CHILD
5 WEEKS	\$685.00/CHILD	\$735.00/CHILD
6 WEEKS	\$820.00/CHILD	\$880.00/CHILD
7 WEEKS	\$955.00/CHILD	\$1025.00/CHILD
8 WEEKS	\$1090.00/CHILD	\$1170.00/CHILD
9 WEEKS	\$1225.00/CHILD	\$1315.00/CHILD
10 WEEKS	\$1360.00/CHILD	\$1460.00/CHILD

### **Late Pick Up Fee**

A Late Fee will be assessed to parents if your child is not picked up by 6:00 p.m.

Fees are as follows:

- 0 - 15 Minutes Late = \$ 5.00/Child
- 15 - 30 Minutes Late = \$10.00/Child
- 30 - 45 Minutes Late = \$15.00/Child

## **Resident Rate**

Non-residents who work in Fairfield may receive resident rates for camp if proper verification of Fairfield employment is provided. Proper verification will include a current payroll check stub (listing employer's Fairfield address), employee I.D. card, or a letter from employer on company letterhead verifying employment status.

## **Refund / Transfer Policy**

Full refunds will be issued only if the Fairfield Parks and Recreation Department cancels the program, rental, or activity.

- Refunds/transfers will not be given if requested less than 7 days prior to the day a program or event is scheduled to begin.
- All refunds/transfers will be assessed a \$5.00 program / processing fee.
- Class or session transfers and changes made to facility rentals are also subject to a \$5.00 program / processing fee, unless the change is initiated by the Parks and Recreation staff.
- Exceptions: exceptions are still subject to the \$5.00 program / processing fee.
  1. Participant moves from the Fairfield area before the program begins.  
(proof of move must be presented)
  2. Participant becomes ill. (must present a doctor's statement)
- A charge of \$25.00 will be assessed on all returned checks.

## **Arriving and Departing Camp**

Parents are required to accompany their child to the designated room and sign them in each morning. Parents need to sign their child out when picking them up in the afternoon from the Aquatic Center. No child will be released to a person not authorized in writing by the parent/guardian. Any person not known to the staff must show identification before a child is released to them. This sign-in/sign-out process is for the safety and accountability of your child. All children must be picked up by 6 pm otherwise the late fee can be assessed. If a fee is assessed, the fee must be paid through the Parks and Recreation office.

## **Transportation**

Transportation will be provided daily to and from all field trips by school buses through the Fairfield City School District Transportation Department.

## **Staff**

Our staff will consist of certified school teachers and college students seeking a degree in Education and related fields. We maintain a minimum staff-to-child ratio of 1 to 10, with daily ratios averaging 1 to 8. Staff participates in a pre-employment background check through the City of Fairfield, as well as a well-rounded leadership training program.

They truly care about the well-being of your children and are dedicated to providing them with a fun and safe summer.

## **Activities and Field Trips**

Planned activities include arts and crafts, cooperative games, swimming at the Fairfield Aquatic Center, nature activities, visits to the Fairfield Parks and various trips within the tri-state area. Some of the exciting trips the campers will partake include: The Cincinnati Zoo, Reds games, Cincinnati Museum Center & Omnimax, movies and roller skating and much more. Keep in mind that each week's schedule is not set in stone; weather often dictates a schedule change. The trip calendar is provided in this packet. However please remember this is a draft and is subject to change without notice. Admission to all field trips is included in the camp. If you want your child to be able to purchase additional snacks or souvenirs, you may send money with them. Please remind your child that it is against camp rules to lend money to others and they, not the leaders, are responsible for their own money. We recommend no more than \$20.00.

## **What to Bring to Camp Daily**

(The Fairfield Parks and Recreation Department is not responsible for any lost or stolen items.)

Each Camper will need to bring:

- Backpack
- Sack lunch or lunch box
- Drink
- Afternoon snack
- Towel
- Swim suit
- Sunscreen
- Pair of socks
- A positive attitude

## **Camp Shirt**

Each child will receive a Fairfield Parks and Recreation camp shirt that will be required to be worn on designated days. This shirt will help identify our group and is required by some field trip locations. The monthly trip calendar will designate those days. Size not guaranteed if registered for camp after May 13th.

## **Illness / Sick Policy**

If your child has a fever, is vomiting, has diarrhea, or any other contagious illnesses please keep them home from camp. If a child develops these symptoms while at camp, parents/guardians will be contacted to pick up your child.

## **Medication**

If your child needs any medication dispensed throughout the course of the day, including Tylenol or Advil, it must be kept with the Camp Staff. A medication form must be completed and on file with the camp staff. Please personally deliver all medication to the Camp Staff directly, as the children are not permitted to possess the medication in their backpacks once signed into our care. All medicine will be dispensed by the Camp Staff.

## **Camp Rules**

In an effort to maintain consistency and fairness to all campers, camp rules have been established and all campers will be asked to follow the behavior guidelines that are attached to this packet. Please review these guidelines with your child, both of you sign them, and return them on the day of registration. These guidelines have been implemented to ensure a safe and fun camp for all!

## **Behavior Modification**

Camper discipline will be handled with kindness, consistency and understanding. Camp counselors will discuss the rules thoroughly with all campers. However, to assist counselors with inappropriate behavior, progressive discipline guidelines have been established. These procedures are to ensure the safety and welfare of all participating children and staff.

First Incident:	Verbal correction or warning
Second Incident:	Timeout from current activity and a verbal notification to parent that this is a second offense for behavior problems. Incidents from this time forward become Violations.
First Violation:	Child will be excluded from the program for one day and a written notification will be given to the parents.
Second Violation:	Child will be excluded from the program for five days; a phone call will be made to the parents and a written notification.
Third Violation:	Child will be excluded from the program for the remainder of the year. Certain behaviors may be considered so serious that exclusion from the program is necessary. Examples of such behavior are: Fighting, student or counselor abuse, breaking the law, destruction of property, stealing and other behaviors judged by staff to warrant exclusion.

## **Electronics**

Electronic devices (ipads, ipad minis, game boys, Nintendo ds, etc) will only be permitted on Fridays of each week for Fun Camp. If a child has behavioral issues and is placed in time out during the week, they will lose their Electronics Plugged in Day for that Friday.

## **Weekly Schedules**

Each Thursday morning, a detailed schedule for the next week will be made available to all parents/guardians when campers check in. This schedule will include a more in depth look at the next week's schedule including times the bus will leave each morning and locations of campers throughout the week. Please note that if a trip requires that we leave early, it will be noted on the schedule. You will be informed if any major changes in the schedule take place. Every effort will be made to adhere to the activities listed; however, occasional changes may be made to improve the quality of the camp experience.

## **Snack**

Campers may pack a healthy snack in their lunch or backpack for the afternoon.

## **Inclement Weather**

If inclement weather of any kind were to occur, staff will take campers to designated areas, providing the safest environment for your child until the storm passes. If time and transportation allows during a rain day, all campers will return to the Fairfield Community Arts Center in the afternoon. The Fairfield Parks and Recreation Department has established an Inclement Weather Hotline 896-8400. This number will give an updated message telling you whether your child should be picked up at the Aquatic Center, as usual or at the Community Arts Center where they will have shelter. The number will be updated by 3:30 pm, but keep in mind if inclement weather occurs at the last minute, the message will be updated anytime between 3:30 and 6 pm.

## **Forms to be Completed**

At time of registration, prior to the first day of camp, parents/guardians must complete and return the following paperwork:

- Registration Form with parent/guardian original signature.
- Health Information Form for each child.
- Medication Form for each child that will need medicine administered during the camp day.
- Camp Rules Form for each child with parent/guardian and child's signature.



# 2016 Summer Camp Rules

We sincerely hope you will enjoy our Summer Fun Camp. We have established the following camp rules and would appreciate you reviewing this information with your child. Please sign and return this sheet with your registration form.

- 1. Cooperation is needed at all times, especially when Camp Leaders are speaking. Follow the instructions of the Camp Leaders and cooperate with them at all times.**
- 2. Any personal items brought to camp are the responsibility of the camper. (including game boys, Nintendo DS, iPods, etc.)**
- 3. Remain quiet in the halls of the Community Arts Center and running is not permitted in.**
- 4. Please keep your hands to yourself - no pushing, shoving, hitting, slapping, tripping, play fighting, etc.**
- 5. Respect other campers, counselors, tour guides and the environment.**
- 6. No foul or inappropriate language.**
- 7. No trading or exchanging of toys, cards, games, food or money.**
- 8. No throwing of objects.**
- 9. No fighting, verbal or physical assault of any kind.**
- 10. Always sit on the bus. This is a major safety concern.**
- 11. Please, do not lend money. Parents, we suggest to limit the amount of money to \$20.00. Please remember, money is your child's responsibility, not the camp leaders.**
- 12. No Public Displays of Affection.**
- 13. No drugs or weapons of any kind.**
- 14. All prescribed medication must be administered and carried by the Camp Leaders.**
- 15. Electronics (including cell phones) that are misused during camp, will be taken away by the leaders and returned to the parents upon leaving that day.**

Time-outs will be given, as needed, if camp rules are not followed. If time-outs are not effective, children will be sent to visit with the Head Camp Leader. **If necessary, the Head Camp Leader will call parents and if the situation warrants it, parents could be asked to pick up their child early. If parents have to be called, the camper will be put on probation for one week. Further incidents would prohibit the child from returning for up to 5 camp days.** We certainly hope not to be in these situations this summer, but we must have a plan for discipline. The Parks and Recreation Department also reserves the right to change or amend these rules as necessary. It is our intent to make this camp the best experience possible for everyone. If you have any questions or concerns, please do not hesitate to contact us.

**CAMPER'S SIGNATURE**\_\_\_\_\_

**PARENT'S SIGNATURE**\_\_\_\_\_

**Fairfield Parks and Recreation**  
**Health Information Form**

Camper Name:\_\_\_\_\_

Birthdate:\_\_\_\_\_ Age:\_\_\_\_\_ Sex:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_

Name of Parent/Guardian:\_\_\_\_\_

Phone(H):\_\_\_\_\_ Phone(W):\_\_\_\_\_ Cell:\_\_\_\_\_

Alternate Emergency Contact:\_\_\_\_\_

Alternate Phone:\_\_\_\_\_ Alternate Cell:\_\_\_\_\_

Family Physician:\_\_\_\_\_ Phone:\_\_\_\_\_

Family Dentist/Orthodontist:\_\_\_\_\_ Phone:\_\_\_\_\_

Medical Insurance Carrier:\_\_\_\_\_ Policy Group #:\_\_\_\_\_

Medical Information past or present (please circle):

Asthma	Yes	No	Allergies	Yes	No	Diabetes	Yes	No
Seizures	Yes	No	Hemophilia	Yes	No	Ulcers	Yes	No
ADD/ADHD	Yes	No				High Blood Pressure	Yes	No
Psychiatric Treatment			Yes	No		Other Diseases / Conditions	Yes	No

Please explain each yes circled:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized to pick up:**

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

If staff member is unfamiliar with person signing out the camper, proper ID will be required.

**Signature of Parent/Guardian:**

**Date:**

\_\_\_\_\_

# REQUEST FOR THE ADMINISTRATION OF MEDICATION BY DAY CAMP PERSONNEL

This form must be completed as outlined below:

## **Section I:** Physician's Instructions

Name of Child \_\_\_\_\_ is under my care and should receive  
(name of medicine/vitamin) \_\_\_\_\_  
(dosage) \_\_\_\_\_, as follows \_\_\_\_\_  
the instructions for administration. Possible side effects to watch for: \_\_\_\_\_  
\_\_\_\_\_. Expiration date (may not exceed six months from  
date of this request if prescribing medication or food supplement): \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If medication or Vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead of having the above section completed, the parent/guardian completes the chart below:

Rx Number: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Section II:** Parent/Guardian Request for Administration of Medicine. Hereby request and give permission to the administrator or his delegate to administer the following medication, vitamin, or special diet to my child:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Section III:** Medication Given by Day Camp Personnel:

(Name of Child) \_\_\_\_\_ was given (medicine, vitamin, or  
special diet): \_\_\_\_\_  
(dosage) \_\_\_\_\_ at the following time(s) on the following date(s): \_\_\_\_\_

Date of Dosage	Amount & Time	Signature of Administrator

